PART B - FEE(S) TRANSMITTAL

plece and send this form, together with applicable fee(s), to: Mail

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07/20/2004

DINSMORE & SHOHL LLP One Dayton Centre, Suite 500 1300 Dayton, OH 45402-2023 08/30/2004 MMEKONE1 00000067 10712598

01 FC:1501 02 FC:1504

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James F. Gottman Req. No. 27-3262 (Depositor's nan	me)
(Signatu	ште)
August 24, 2004 (Da	ate)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/712,598	11/13/2003	David F. Laurash	STD 1017 NA/41213 568/PD-	9009

TITLE OF INVENTION: GIFT CARD FORM AND METHOD OF FABRICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1330		\$300		30	10/20/2004	
EXA	EXAMINER		IT	CLASS-SUBCLASS]			
CARTER, M	3722		283-061000	_				
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). © Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the n or agents	nting on the patent front page, liames of up to 3 registered pater OR, alternatively,	nt attorneys	ı Dinsmo	re & Shohl LL	
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			3		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Standard Register Company

Dayton, Ohio

Please check the appropriate assignee category or categories (will not be	
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
XX Issue Fee	A check in the amount of the fce(s) is enclosed.
Publication Fee (No small entity discount permitted)	☐ Payment by credit card. Form PTO-2038 is attached.
☐ Advance Order - # of Copies	☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).
The Director of the USPTO is requested to apply the Issue Fee and Pub	plication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date) BILLIA James F. Gottman 🗸

August 24. 2004

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PTO/SB/17 (10-03)
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FEE TRANS	MITTAL	Complete if Known				
WIEL IRANS	WIIIIAL	Application Number	10/712,598			
for FY 2	$\Omega \Omega A$	Filing Date	November 13, 2003			
Effective 10/01/2003. Patent fees are subj		First Named Inventor	David F. Laurash Carter, Monica Smith 3722			
		Examiner Name				
Applicant claims small entity status. S	ee 37 CFR 1.27	Art Unit				
TOTAL AMOUNT OF PAYMENT	(\$) 1,630.00	Attorney Docket No.	STD 1017 NA/41213.568(PD-00-20-02)			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
✓ Check Credit card Money Other None Order	None 3. ADDITIONAL FEES					
Deposit Account:	Large Ent	tity	Small	Entity		
Deposit	Fee Fe Code (\$			Fee (\$)	Fee Description	Too Dold
Account Number	•	-	2051	(₽) 65	Surcharge - late filing fee or oath	Fee Paid
Deposit		50	2052	25	Surcharge - late provisional filing fee or	
Account Name					cover sheet	
The Director is authorized to: (check <u>all that apply)</u>		30	1053	130	Non-English specification	
Charge fee(s) indicated below Credit any overpayments	1812 2,5		1812	_,	For filing a request for ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1804 9	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing fee	1805 1,8	340*	1805	1,840*	Requesting publication of SIR after	
to the above-identified deposit account.					Examiner action	
FEE CALCULATION		110	2251	55	Extension for reply within first month	
1. BASIC FILING FEE		120	2252	210	Extension for reply within second month	
Large Entity Small Entity Fee Fee IFee Fee Fee Description Fee Paid		950	2253	٠	Extension for reply within third month	
Fee Fee Fee Fee Pee Paid Code (\$) Code (\$)	1254 1,4	180	2254	740		
1001 770 2001 385 Utility filing fee	1255 2,0	010	2255 ⁻	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401 3	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402 3	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403 2	290	2403	- 145	Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451 1,5	510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) -0-	1452 1	110	2452	. 55	Petition to revive - unavoidable	
	1453 1,3	330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,3	330	2501	665	Utility issue fee (or reissue)	1,330.00
Extra Claims below Fee Paid	1502 4	180	2502	240	Design issue fee	
Total Claims 20** = X =	1503 6	340	2503	320	Plant issue fee	
Claims - 3** = L	1460 1	130	1460	130	Petitions to the Commissioner	
Multiple Dependent =	1807	50	1807	7 50	Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806 1	180	1806	180	Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20	1809 7	770	2809	385	Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3	1000 /				(37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810 7	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	1801 7	770	2801	385		
1205 18 2205 9 ** Reissue claims in excess of 20	1802 9	900	1802	900	Request for expedited examination	
and over original patent			اینی	2uhlic	of a design application cation Fee	300.00
SUBTOTAL (2) (\$) -0-						
**or number previously paid, if greater; For Reissues, see above	*Reduce	u by	DISEC	-mig F	ee Paid SUBTOTAL (3) (\$) 1,	630.00

(Complete (if applicable)) SUBMITTED BY Registration No. 27,262 Telephone (937) 449-6400 James F. Gottman Name (Print/Type) (Attorney/Agent) August 24, 2004 Signature -

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